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APR 19 2007

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7590 01/12/2007
Vincent L. Ramik
DILLER, RAMIK & WIGHT
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7345 McWhorter Place
Annandale, VA 22315

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Vincent L. Ramik	(Depositor's name)
	
(Signature)	
April 12, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/750,968	01/05/2004	Wallace-T.-Carter		1867

TITLE OF INVENTION: MODULAR PEDESTAL AND SUSPENDED SIGNS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	04/12/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	04/13/2007 TBESHAH2 00000119 10750968		
SILBERMANN, JOANNE		3611	040-606180	01 FC:2501 700.00 00 300.00 00 1 DILLER, RAMIK & WIGHT		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02, or more recent) attached. Use of a Customer Number is required.						
2. For printing on the patent front page: (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ArchiForm, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wilmington, NC

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

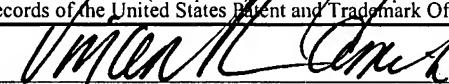
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1716 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date April 12, 2007

Typed or printed name

Vincent L. Ramik

Registration No. 20,663

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